

Application Data Sheet

Application Information

Application number::	To be assigned
Filing Date::	December 21, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METAL BACK OR MESH CROSSLINKING
Attorney Docket Number::	37697-0102
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contractor Grant Numbers::	
Secrecy Order in Parent Appl.?::	

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Turkey
Status::	Full Capacity
Given Name::	Orhun
Middle Name::	K.
Family Name::	MURATOGLU
Name Suffix::	
City of Residence::	Cambridge
State or Province of Residence::	MA
Country of Residence::	U.S.A.
Street of mailing address::	5 Dana Street
City of mailing address::	Cambridge
State or Province of mailing address::	MA
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	02138

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.A.
Status::	Full Capacity
Given Name::	William
Middle Name::	H.
Family Name::	HARRIS
Name Suffix::	
City of Residence::	Belmont
State or Province of Residence::	MA
Country of Residence::	U.S.A.
Street of mailing address::	665 Concord Avenue
City of mailing address::	Belmont
State or Province of mailing address::	MA
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	02178

Correspondence Information

Correspondence Customer Number:: 26633

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

Representative Information

Representative Customer Number::	26633	
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- OR -

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
		60/390,120	June 21, 2002
		60/424,709	November 8, 2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/US03/018053	June 10, 2003	Yes

Assignee Information

Assignee name:: Massachusetts General Hospital

Street of mailing address:: 55 Fruit Street

City of mailing address:: Boston

State or Province of mailing address:: MA

Country of mailing address:: U.S.A.

Postal or Zip Code of mailing address:: 02114